JUDICIARY LEAVE DONATION FORM

COMPLETE THIS FORM TO DONATE LEAVE TO ANOTHER EMPLOYEE.

EMPLOYEE DONATING LEAVE (ONLY JUDICIARY EMPLOYEES ARE ELIGIBLE):
NAME: SOCIAL SECURITY:
WORK LOCATION:
EMPLOYEE RECEIVING THE DONATION (ONLY JUDICIARY EMPLOYEES ARE ELIGIBLE): NAME: WORK LOCATION: (please print or type)
(please print or type)
TYPE OF LEAVE DONATED: [] SICK* NUMBER OF HOURS:
[] ANNUAL NUMBER OF HOURS:
[] PERSONAL NUMBER OF HOURS:
* If donating sick leave, the amount donated when deducted must result in a new balance of at least 240 hours. I hereby confirm that after making this donation, my sick leave balance will be at least 240 hours.
Signature of donating employee: Date: **Unused donated leave will be returned to the donor**
Employee is: "Eligible to donate leave to a Judiciary employee "Not eligible to donate (Reason:
(see Section V of the policy)
Signature of Admin. Supervisor, donating employee:Date:
Receiving Employee's Information:
NAME: SOCIAL SECURITY:
(please print)
Receiving employee is "Eligible to receive donated leave "Not eligible to receive donated leave (Reason:)
(see section V of the policy)
Signature of Admin. Supervisor, receiving employee:Date:
THIS SECTION MUST BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT
Transaction "Approved "Denied (Reason: